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UPDATE: Notice of changes to the AIM Small Joint Surgery Guideline

Published: Mar 1, 2021 - Products & Programs

On November 1, 2020, AIM Specialty Health® (AIM) began administering the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joints using AIM clinical guidelines for Anthem fully-insured members and certain ASO groups.

Effective March 14, 2021, the [AIM Small Joint Surgery Guideline](#) will be updated with the following:

- Clarified requirements for imaging reports
- Removed radiographic requirement for confirmation of lesser toe deformities
- Added ankle arthrodesis and total ankle arthroplasty as new indications for revision of failed previous reconstructions
- Removed total ankle arthroplasty requirements for adjacent joint or inflammatory arthritis
- Clarified contraindications only apply to total ankle arthroplasty

Providers should continue to submit pre-service review requests to AIM using one of the following options:

- Access AIM's **ProviderPortal**_{SM} directly at www.providerportal.com. Real-time, online access is available 24/7 to process orders, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal at www.availity.com.
- Call the AIM toll-free number at 866-714-1107, Monday through Friday 8:30 a.m. – 7:00 p.m.

For questions, please contact the provider number on the back of the member's ID card.

993-0321-PN-NE

Site of care medical necessity reviews for long-acting colony-stimulating factors begin June 1, 2021

Published: Mar 1, 2021 - **Products & Programs** / Pharmacy

We are committed to being a valued health care partner in identifying ways to achieve better health outcomes, lower costs and deliver access to a better healthcare experience for consumers.

Effective with dates of service on or after June 1, 2021, medical necessity review of the site of care will be required for the following long-acting, colony-stimulating factors for oncology indications for Anthem Commercial plan members:

- Neulasta® & Neulasta Onpro® (pegfilgrastim)
- Fulphila® (pegfilgrastim-jmdb)
- Udenyca® (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)
- Nyvepria™ (pegfilgrastim-apgf)

The review will be administered by AIM Specialty Health® (AIM), a separate company.

AIM will evaluate the clinical information in the request to the *CG-MED-083 Site of Care: Specialty Pharmaceuticals* policy to determine if the hospital-based outpatient setting is medically necessary for the medication administration. To see the clinical guideline and what clinical considerations are taken into account for determination, visit our [Medical Policy and Clinical Guidelines webpage](#). You may contact AIM to request a peer-to-peer discussion before or after the determination.

The site of care medical necessity review only applies to administration performed in an outpatient hospital setting. This does not apply to requests for review of medication administration performed in a non-hospital setting or as part of an inpatient stay. Reviews also do not apply when Anthem is the secondary payer.

Submit a request for review

Starting May 16, 2021, ordering providers may submit prior authorization requests for the hospital outpatient site of care for these medications for dates of service on or after June 1, 2021 to AIM in one of the following ways:

- Access AIM *ProviderPortal*_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availability.com.
- Call the AIM Contact Center toll-free number: 866-714-1107, Monday - Friday, 8:00 a.m. - 5:00 p.m.

Please note, this review does not apply to the following plans: BlueCard[®], Federal Employee Program[®] (FEP[®]), Medicaid, Medicare Advantage and Medicare Supplemental plans. Providers can view prior authorization requirements for Anthem members on the [Clinical Criteria webpage](#).

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the member's ID card.

1019-0321-PN-NE

URL: <https://providernews.anthem.com/maine/article/site-of-care-medical-necessity-reviews-for-long-acting-colony-stimulating-factors-begin-june-1-2021-5>

Certain HIV medication combinations may require prior authorization

Published: Mar 1, 2021 - **Products & Programs** / Pharmacy

Effective May 1, 2021, we will implement a new prior authorization requirement for HIV medications to help ensure patients are not receiving therapeutic duplications when taking

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically necessary.

Combinations that are considered clinical duplicates are based on drug mechanism of action (MOA) and developed in accordance with the U.S. Department of Health and Human Services HIV Guidelines.

The duplicate therapy policy may be initiated as a result of one of the following drug combinations:

| Duplicate Name | Duplicate Description | Example |
|---|---|--|
| Integrase stand transfer inhibitors (INSTI) | Two drug products each containing a drug with an INSTI mechanism of action | Isentress (raltegravir) and Dovato (dolutegravir/lamivudine) |
| Non-nucleoside reverse transcriptase inhibitors (NNRTI) | Two drug products each containing a drug with an NNRTI mechanism of action. | Edurant (rilpivirine) and Symfi (efavirenz/lamivudine/TDF) |
| Protease inhibitors (PI) | Two drug products each containing a drug with a PI mechanism of action | Prezcobix (darunavir/cobicistat) and Reyataz (atazanavir) |
| Nucleoside reverse transcriptase inhibitors (NRTI) | Two drug products that together result in four NRTI active ingredients | Truvada (emtricitabine/TDF) and Biktarvy (bictegravir/emtricitabine/TAF) |
| Boosters | Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat | Prezcobix (darunavir/cobicistat) and Kaletra (lopinavir/ritonavir) |

As a reminder, prior authorizations may be submitted via phone, fax, or online (through www.CoverMyMeds.com). If you have questions, please call the Provider Service phone number on the member's ID card.

1002-0321-PN-NE

URL: <https://providernews.anthem.com/maine/article/certain-hiv-medication-combinations-may-require-prior-authorization>

Specialty pharmacy updates

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Prior authorization updates

Effective for dates of service on and after June 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit our website to access the [clinical criteria information](#).

| Clinical Criteria | HCPCS or CPT Code(s) | Drug |
|-------------------|----------------------|----------|
| *ING-CC-0185 | J3490, C9399 | Oxlumo |
| **ING-CC-0184 | J3490, J3590, J9999 | Danyelza |

*Prior authorization clinical review of **non-oncology** use of specialty pharmacy drugs is managed by the medical specialty drug review team.

Review of specialty pharmacy drugs for **oncology use is managed by AIM Specialty Health® (AIM).

Prior authorization update – change in effective date

Please note the change in date for the implementation of prior authorization for the injectable iron deficiency anemia products listed below. The effective date previously communicated was March 1, 2021.

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit our website to access the [clinical criteria information](#).

| Clinical Criteria | HCPCS or CPT Code | Drug |
|-------------------|-------------------|------------|
| *ING-CC-0182 | J1756 | Venofer |
| *ING-CC-0182 | J2916 | Ferrlecit |
| *ING-CC-0182 | J1750 | Infed |
| *ING-CC-0182 | J1439 | Injectafer |
| *ING-CC-0182 | Q0138 | Feraheme |
| *ING-CC-0182 | J1437 | Monoferric |

*Prior authorization clinical review of **non-oncology** use of specialty pharmacy drugs is managed by the medical specialty drug review team.

Step therapy update – change in effective date

Please note the change in date for the implementation of step therapy for the injectable iron deficiency anemia products listed below. The effective date previously communicated was March 1, 2021.

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

Please note, inclusion of national drug code (NDC) code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit our website to access the [clinical criteria information](#).

| Clinical Criteria | Status | Drug | HCPCS Codes |
|-------------------|---------------|------------|-------------|
| *ING-CC-0182 | Preferred | Venofer | J1756 |
| *ING-CC-0182 | Preferred | Ferrlecit | J2916 |
| *ING-CC-0182 | Preferred | Infed | J1750 |
| *ING-CC-0182 | Non-preferred | Injectafer | J1439 |
| *ING-CC-0182 | Non-preferred | Feraheme | Q0138 |
| *ING-CC-0182 | Non-preferred | Monoferric | J1437 |

*Prior authorization clinical review of **non-oncology** specialty pharmacy drugs will be managed by the medical specialty drug review team.

Prior authorization update - codes removed from prior authorization requirement

In a recent notification, we shared that effective April 1, 2021, the following codes would be included in our prior authorization review process. Please be advised that these codes **will NOT be included in our prior authorization review process at this time.**

| Clinical Criteria | HCPCS or CPT Code | Drug |
|-------------------|-------------------|----------------------|
| ING-CC-0095 | J9041 | Velcade (Bortezomib) |
| ING-CC-0095 | J9044 | Bortezomib |
| ING-CC-0093 | J9171 | Docetaxel |

Medical specialty pharmacy update – removal of prior authorization requirement for certain drugs used to treat ocular conditions

In an effort to help simplify care and support our providers, effective **May 1, 2021**, we have **removed the prior authorization requirement** for the use of the drugs listed below used to treat ocular conditions.

| Drug | Code(s) | Code description |
|---------|--------------|--------------------------|
| Avastin | C9257, J9035 | Intravitreal bevacizumab |
| Mvasi | Q5107 | Bevacizumab-awwb |
| Zirabev | Q5118 | Bevacizumab-bvzr |

1007-0321-PN-NE

URL: <https://providernews.anthem.com/maine/article/specialty-pharmacy-updates>

New utilization management tool now available on Availity Payer Spaces: Authorization Rules Lookup tool

Published: Mar 1, 2021 - Administrative

In February, we introduced our new Authorization Rules Lookup tool that you can access through Availity Payer Spaces. This new self-service application displays prior authorization rules so you can quickly verify if the outpatient services require prior authorization for members enrolled in Anthem’s commercial plans.

In addition to verifying whether an outpatient authorization is needed, the tool provides the following details that apply to the procedure code:

- Medical Policies and Clinical Guidelines
- Third Party Guidelines, if applicable (such as AIM Specialty Health, IngenioRx)

Access the Authorization Lookup application through Availity Payer Spaces

Access to the tool does not require an Availity role assignment.

1. Select **Payer Spaces**
2. Select the **Anthem Blue Cross Blue Shield** tile from the Payer Spaces menu
3. Select the **Applications** tab
4. Select the **Authorization Rules Lookup** tile

Once you are in the tool, you will need to provide the following information to display the service's prior authorization rules:

- Tax ID
- National Provider Identifier (NPI)
- Member ID and birth date
- Member's group number or contract code

(This information can be found on the member's ID card or through the Eligibility & Benefits return on the Patient Information tab)

- CPT/HCPCS code

Give this new tool a try and discover how much this will improve the efficiency of your authorization process.

Please note: If a prior authorization is required for outpatient services, you may submit the case through Interactive Care Reviewer, Anthem's online authorization tool that is also accessible through the Availity Portal.

URL: <https://providernews.anthem.com/maine/article/new-utilization-management-tool-now-available-on-availability-payer-spaces-authorization-rules-lookup-tool-3>

Medical attachment capability now includes itemized bills and more

Published: Mar 1, 2021 - **Administrative**

To help ensure accuracy and eliminate delays in the adjudication of your claims, the itemized bill must be included with qualifying claim submissions. Submitting an itemized bill (unsolicited* medical attachment) for a high dollar claim just got easier!

To submit an itemized bill (unsolicited medical attachment):

1. Log in to Availability Portal
2. Select **Claims & Payments | Attachments – New**
3. Select **Send Attachment**
4. Under **Request for Information**, select **No, if you are including the supplemental information/attachment for an 837 claim PWK.** (see example below)

Request for Information

Select Yes, if you are responding to a request from the health plan or need to submit documentation for a specific claim number.

Select No, if you are including the supplemental information/attachment for an 837 claim PWK.

Yes No

1. Include provider, patient and claim information
2. Attach supporting documentation and reason (example shown below)
3. Send attachment(s)

Attach Supporting Documentation

ADDING ATTACHMENTS:

- This Health Plan supports file types including .jpeg, .jpg, .pdf, .tif and .tiff.
- File names cannot contain spaces or special characters with the exception of "_" and "*".

Reason

Choose one ...

- 11503-0 - Medical Records
- 48768-6 - Itemized Bills

Providers may also submit a claim attachment using the Availity Portal for solicited** medical attachments.

To submit supporting documentation in response to a formal (solicited) request from the payer:

- Log in to Availity Portal
- Select **Claims & Payments | Attachments – New**
- Select **Send Attachment**
- Under the **Request for Information**, select **Yes, if you are responding to a request from the health plan or need to submit documentation for a specific claim number** (see example below)
- Add supporting documentation and reason
- Submit

Request for Information

Select **Yes**, if you are responding to a request from the health plan or need to submit documentation for a specific claim number.

Select **No**, if you are including the supplemental information/attachment for an 837 claim PWK.

Yes No

Documentation Type ⓘ

Select...

Other Claim Documentation Request

Quality Claims Review (QCR)

Special Investigations Unit (SIU)

Additionally, if you attended a previous webinar, we have updated information on submitting an EDI 837 batch that includes a PWK segment in loops 2300/2400. The update is regarding the linkage between the electronic claim and your supplemental documentation that can be submitted through the Availity portal.

What does this mean for you?

You may now submit attachments electronically (EDI) using the PWK segment to specify that documents are being submitted in support of the claim and no additional face sheet or coversheet is needed.

Here are the steps:

- Log in to Availity Portal
- Select **Claims & Payments | Attachments - New**
- From the **Inbox** tab, select the appropriate claim or open the request in your work queue
- Add files with supporting documentation
- Submit

Get trained

- Attend an Availity-hosted webinar to learn more about all capabilities. You can register for an upcoming live webinar hosted by Availity [here](#), *or*
- Log into [Availity.com](#) and select **Help & Training | Get Trained** to open the Availity Learning Center in a new tab (it is your dedicated ALC account).
- Search by keyword (**Medattach**) to find on-demand and live training options
- Click Enroll to enroll for a course and then go to your Dashboard to access it any time

Get started today with these wide-ranging capability enhancements to transform your business operations to a quick, secure, paperless and simple process to fulfill medical records requests electronically through Availity.

*Unsolicited attachment: Documentation submitted without a formal request from the payer

Article Attachments

**Solicited attachment: Documentation submitted in response to a specific request from payer

1017-0321-PN-NE

URL: <https://providernews.anthem.com/maine/article/medical-attachment-capability-now-includes-itemized-bills-and-more-2>

Medical policies and clinical utilization management guidelines update for Anthem and AMH Health, LLC.

Published: Mar 1, 2021 - **State & Federal** / Medicare

The medical policies, clinical utilization management (UM) guidelines and third party criteria below were developed and/or revised to support clinical coding edits for Anthem and AMH Health, LLC. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The medical policies and clinical UM guidelines below are followed in the absence of Medicare guidance.

Please share this notice with other members of your practice and office staff.

Visit our [website](#) to view our medical policies and clinical UM guidelines.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- ***GENE.00055** – Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
 - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- ***LAB.00037** – Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)

- Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- ***DME.00011** – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
 - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
 - Added “non-implantable” to bullet point on percutaneous neuromodulation therapy
 - Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- ***SURG.00062** – Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
 - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- ***CG-LAB-15** – Red Blood Cell Folic Acid Testing
 - RBC folic acid testing is considered not medically necessary in all cases
- ***CG-LAB-16** – Serum Amylase Testing
 - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- ***CG-GENE-04** – Molecular Marker Evaluation of Thyroid Nodules
 - Added the Afirma Xpression Atlas as not medically necessary
- **00158** – Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
 - A new medical policy was created from content contained in DME.00011.
 - There are no changes to the policy content.
 - Publish date is December 16, 2020.

- **CG-GENE-21** – Cell-Free Fetal DNA-Based Prenatal Testing
 - A new clinical guideline was created from content contained in GENE.00026.
 - There are no changes to the guideline content.
 - Publish date is December 16, 2020.

Medical policies

On November 5, 2020, the medical policy and technology assessment committee (MPTAC) approved the following medical policies applicable to Anthem and AMH Health, LLC. These guidelines take effect March 8, 2021.

| Publish date | Medical Policy number | Medical Policy title | New or revised |
|--------------|-----------------------|---|----------------|
| 12/16/2020 | *GENE.00055 | Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity | New |
| 12/16/2020 | *LAB.00037 | Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS) | New |
| 11/12/2020 | ANC.00009 | Cosmetic and Reconstructive Services of the Trunk and Groin | Revised |
| 12/16/2020 | *DME.00011 | Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices | Revised |
| 11/12/2020 | GENE.00052 | Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling | Revised |
| 11/12/2020 | MED.00129 | Gene Therapy for Spinal Muscular Atrophy | Revised |
| 12/16/2020 | SURG.00011 | Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting | Revised |
| 12/16/2020 | *SURG.00062 | Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele | Revised |

Clinical UM guidelines

On November 5, 2020, the MPTAC approved the following clinical UM guidelines applicable to Anthem and AMH Health, LLC. These guidelines were adopted by the medical operations committee for Anthem and AMH Health members on November 19, 2020. These guidelines take effect March 8, 2021.

| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New or revised |
|--------------|------------------------------|--|----------------|
| 12/16/2020 | *CG-LAB-15 | Red Blood Cell Folic Acid Testing | New |
| 12/16/2020 | *CG-LAB-16 | Serum Amylase Testing | New |
| 11/12/2020 | CG-DME-42 | Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices | Revised |
| 12/16/2020 | *CG-GENE-04 | Molecular Marker Evaluation of Thyroid Nodules | Revised |
| 12/16/2020 | CG-GENE-18 | Genetic Testing for TP53 Mutations | Revised |
| 12/16/2020 | CG-GENE-20 | Epidermal Growth Factor Receptor (EGFR) Testing | Revised |
| 11/12/2020 | CG-MED-87 | Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications | Revised |

AMHCRNU-0052-21
ABSCRNU-0206-21

URL: <https://providernews.anthem.com/maine/article/medical-policies-and-clinical-utilization-management-guidelines-update-me-only-for-anthem-and-amh-health-llc-2>

Access to more claim denial information is now self-service

Published: Mar 1, 2021 - **State & Federal** / Medicare

Through predictive analytics, healthcare teams can now receive real-time solutions to claim denials.

Anthem and AMH Health, LLC are committed to providing digital first solutions. Healthcare teams can now use self-service tools to reduce the amount of time spent following up on claim denials. Through the application of predictive analytics, Anthem and AMH Health have the answers before you ask the questions. With an initial focus on claim-level insights, Anthem and AMH Health have streamlined claim denial inquiries by making the reasons for the claim denial digitally available. In addition to the reason for the denial, we supply you with the next steps needed to move the claim to payment. This eliminates the need to call for updates and experience any unnecessary delays waiting for the Explanation of Payment (EOP).

Access the *Claims Status Listing* on Payer Spaces from <https://www.anthem.com/medicareprovider> using the Log In button or through the secure provider portal via *Availity**. We provide a complete list of claims, highlight those claims that have proactive insights, provide a reason for the denial, and the information needed to move the claim forward.

Claim resolution daily

Automated updates make it possible to refresh claims history daily. As you resolve claim denials, the claim status changes, other claims needing resolution are added, and claims are resolved faster.

Anthem and AMH Health made it easier to update and supply additional information, too. While logged into the secure provider portal, you have the ability to revise your claim, add attachments, or eliminate it if filed in error. Even if you did not file the claim digitally, you can access the proactive insights. Predictive analytics supplies the needed claim denial information online — all in one place.

Predictive proactive issue resolution and near real-time digital claim denial information is another example of how Anthem and AMH Health are using digital technology to improve the healthcare experience. If you have questions, please reach out to your Provider Relations representative.

ABSCRNU-0193-20
AMHCRNU-0047-20

URL: <https://providernews.anthem.com/maine/article/access-to-more-claim-denial-information-is-now-self-service-13>

Keep up with Medicare news

Published: Mar 1, 2021 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

- [MCG Care Guidelines 24th edition customization for Anthem](#)
- [MCG Care Guidelines 24th edition customization for AMH Health, LLC](#)
- [DME checklist of information needed from providers for AMH Health, LLC members](#)
- [DME checklist of information needed from providers for Anthem members](#)

URL: <https://providernews.anthem.com/maine/article/keep-up-with-medicare-news-194>

New provider directory indicator for telehealth services

Published: Mar 1, 2021 - **State & Federal** / Medicare

We will begin publishing a new indicator in our online provider directories to help members easily identify professional providers who offer telehealth services.

We encourage providers who offer telehealth services to use the online [Provider Maintenance Form](#) to notify us, and we will add a telehealth indicator to your online provider directory profile.

Please contact Provider Services with any questions.

ABSCRNU-0203-20

URL: <https://providernews.anthem.com/maine/article/new-provider-directory-indicator-for-telehealth-services-20>
